

Report Year:

2010

11847

Mission Community Hospital - Panorama  
Campus

Panorama City

Page:1 of 20

**Provide the Hospital Owner and Year of Report per Section 130061(e)**

Facility Number:

11847

Facility Name:

Mission Community Hospital - Panorama Campus

Address:

14850 Roscoe Blvd.

City:

Panorama City

Hospital Owner/Licensee:

Please Enter License/Owner Name

Year of Reporting:

2010

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

Rick York

Submission Date:

1/27/2011 1:00:00 PM

Report Year:

2010

11847

Mission Community Hospital - Panorama  
Campus

Panorama City

Page:2 of 20

Report Status: **Data Last Update:** 01/26/2011

**Submission Date:** 01/27/2011

**Print Date:** 1/28/2011 8:38 AM

Report Year:

2010

11847

Mission Community Hospital - Panorama  
Campus

Panorama City

Page:3 of 20

Report Status: **Data Last Update:** 01/26/2011

**Submission Date:** 01/27/2011

**Print Date:** 1/28/2011 8:38 AM

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**

Building Number: 01

Building Name: Building A - Tower

**Type of Service Provided**
☒ Nursing Inpatient Beds 25 Inpatient Days 25

☐ IntensiveCare Inpatient Beds 0 Inpatient Days 0

☐ Pediatric/Adol  
escent Inpatient Beds 0 Inpatient Days 0

☐ Psychiatric  
Nursing Inpatient Beds 0 Inpatient Days 0

☐ Obstetrical  
Ante/Postprtum Inpatient Beds 0 Inpatient Days 0

☐ Intermediate  
Care Inpatient Beds 0 Inpatient Days 0

☐ Skilled Nursing Inpatient Beds 0 Inpatient Days 0

Total Beds this Building 25

☐ Surgical☐ Obstetrical  
Recovery☐ Anesthesia☐ Newborn/  
WellBaby☐ Clinical Lab☐ Emergency☐ Radiological/  
Imaging☐ Nuclear  
Medicine☐ Pharmaceutical☐ Dietetic☐ Rehabilitation  
Therapy☐ Administration☐ Renal Dialysis☐ Support  
Services☐ Outpatient  
Surgery☐ Obstetrical  
Cesarean/Deliv☐ Central Plant

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**

Building Number: 02

Building Name: Building B - Ancillary Building

**Type of Service Provided**
☐ Nursing Inpatient Beds 0 Inpatient Days 0

☐ IntensiveCare Inpatient Beds 0 Inpatient Days 0

☐ Pediatric/Adol  
escent Inpatient Beds 0 Inpatient Days 0

☐ Psychiatric Nursing Inpatient Beds 0 Inpatient Days 0

☐ Obstetrical Ante/Postprtum Inpatient Beds 0 Inpatient Days 0

☐ Intermediate Care Inpatient Beds 0 Inpatient Days 0

☐ Skilled Nursing Inpatient Beds 0 Inpatient Days 0

Total Beds this Building 0

☐ Surgical

☐ Obstetrical Recovery

☐ Anesthesia

☐ Newborn/  
WellBaby

☒ Clinical Lab

☐ Emergency

☒ Radiological/  
Imaging

☐ Nuclear  
Medicine

☐ Pharmaceutical

☐ Dietetic

☐ Rehabilitation  
Therapy

☐ Administration

☐ Renal Dialysis

☐ Support  
Services

☐ Outpatient  
Surgery

☐ Obstetrical  
Cesarean/Deliv

☐ Central Plant

Report Year:

2010

11847

Mission Community Hospital - Panorama  
Campus

Panorama City

Page:6 of 20

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**

Building Number: 03

Building Name: Building C - Emergency Department B

**Type of Service Provided**
☐ Nursing Inpatient Beds 0 Inpatient Days 0

☐ IntensiveCare Inpatient Beds 0 Inpatient Days 0

☐ Pediatric/Adol  
escent Inpatient Beds 0 Inpatient Days 0

☐ Psychiatric Nursing Inpatient Beds 0 Inpatient Days 0

☐ Obstetrical Ante/Postprtum Inpatient Beds 0 Inpatient Days 0

☐ Intermediate Care Inpatient Beds 0 Inpatient Days 0

☐ Skilled Nursing Inpatient Beds 0 Inpatient Days 0

Total Beds this Building 0

☐ Surgical☐ Obstetrical  
Recovery☐ Anesthesia☐ Newborn/  
WellBaby☐ Clinical Lab☒ Emergency☐ Radiological/  
Imaging☒ Nuclear  
Medicine☐ Pharmaceutical☐ Dietetic☐ Rehabilitation  
Therapy☐ Administration☐ Renal Dialysis☐ Support  
Services☐ Outpatient  
Surgery☐ Obstetrical  
Cesarean/Deliv☐ Central Plant

Report Year:

2010

11847

Mission Community Hospital - Panorama  
Campus

Panorama City

Page:7 of 20

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:

01

Building Name:

Building A - Tower

**Medical / Surgical (Include GYN)**Inpatient  
Bed

25

Inpatient  
Days

25

**Acute Respiratory Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Psychiatric**Inpatient  
Bed

0

Inpatient  
Days

0

**Perinatal (exclude Newborn / GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Burn**Inpatient  
Bed

0

Inpatient  
Days

0

**Skilled Nursing**Inpatient  
Bed

0

Inpatient  
Days

0

**Pediatric**Inpatient  
Bed

0

Inpatient  
Days

0

**intensive Care Newborn  
Nursery**Inpatient  
Bed

0

Inpatient  
Days

0

**Intermediate Card**Inpatient  
Bed

0

Inpatient  
Days

0

**Intensive Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Rehabilitation  
Center**Inpatient  
Bed

0

Inpatient  
Days

0

**Int. Care / development  
Disabled**Inpatient  
Bed

0

Inpatient  
Days

0

**Coronary Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Chemical  
Dependency**Inpatient  
Bed

0

Inpatient  
Days

0

**Total Beds this  
Building Per  
Unit**

25

**Total Beds this  
Building Per  
Service**

25

Report Year:

2010

11847

Mission Community Hospital - Panorama  
Campus

Panorama City

Page:8 of 20

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:

02

Building Name:

Building B - Ancillary Building

**Medical / Surgical (Include GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Respiratory Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Psychiatric**Inpatient  
Bed

0

Inpatient  
Days

0

**Perinatal (exclude Newborn / GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Burn**Inpatient  
Bed

0

Inpatient  
Days

0

**Skilled Nursing**Inpatient  
Bed

0

Inpatient  
Days

0

**Pediatric**Inpatient  
Bed

0

Inpatient  
Days

0

**intensive Care Newborn  
Nursery**Inpatient  
Bed

0

Inpatient  
Days

0

**Intermediate Card**Inpatient  
Bed

0

Inpatient  
Days

0

**Intensive Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Rehabilitation  
Center**Inpatient  
Bed

0

Inpatient  
Days

0

**Int. Care / development  
Disabled**Inpatient  
Bed

0

Inpatient  
Days

0

**Coronary Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Chemical  
Dependency**Inpatient  
Bed

0

Inpatient  
Days

0

**Total Beds this  
Building Per  
Unit**

0

**Total Beds this  
Building Per  
Service**

0



Report Year:

2010

11847

Mission Community Hospital - Panorama  
Campus

Panorama City

Page:9 of 20

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number: 03

Building Name: Building C - Emergency Department B

**Medical / Surgical (Include GYN)**

Inpatient Bed 0 Inpatient Days 0

**Acute Respiratory Care**

Inpatient Bed 0 Inpatient Days 0

**Acute Psychiatric**

Inpatient Bed 0 Inpatient Days 0

**Perinatal (exclude Newborn / GYN)**

Inpatient Bed 0 Inpatient Days 0

**Burn**

Inpatient Bed 0 Inpatient Days 0

**Skilled Nursing**

Inpatient Bed 0 Inpatient Days 0

**Pediatric**

Inpatient Bed 0 Inpatient Days 0

**intensive Care Newborn  
Nursery**

Inpatient Bed 0 Inpatient Days 0

**Intermediate Card**

Inpatient Bed 0 Inpatient Days 0

**Intensive Care**

Inpatient Bed 0 Inpatient Days 0

**Rehabilitation  
Center**

Inpatient Bed 0 Inpatient Days 0

**Int. Care / development  
Disabled**

Inpatient Bed 0 Inpatient Days 0

**Coronary Care**

Inpatient Bed 0 Inpatient Days 0

**Chemical  
Dependency**

Inpatient Bed 0 Inpatient Days 0

**Total Beds this  
Building Per  
Unit**

0

**Total Beds this  
Building Per  
Service**

0

Report Year:

2010

11847

Mission Community Hospital - Panorama  
Campus

Panorama City

Page:10 of 20

For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed
01	Building A - Tower	<input type="checkbox"/>
02	Building B - Ancillary Building	<input type="checkbox"/>
03	Building C - Emergency Department B	<input type="checkbox"/>
04	Building D - South Tower	<input type="checkbox"/>

Report Year:

2010

11847

Mission Community Hospital - Panorama  
Campus

Panorama City

Page:11 of 20



Report Status: **Data Last Update:** 01/26/2011

**Submission Date:** 01/27/2011

**Print Date:** 1/28/2011 8:38 AM

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

01

Building Name:

Building A - Tower

## Type of Service Provided

☒

Nursing

☐

IntensiveCare

☐Pediatric/Adol  
escent☐Psychiatric  
Nursing☐Obstetrical  
Ante/Postprtum☐Intermediate  
Care☐

Skilled Nursing

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐Radiological/  
Imaging☐

Pharmaceutical

☐

Dietetic

☐

Administration

☐Obstetrical  
Cesarean/Deliv☐Obstetrical  
Recovery☐Newborn/  
WellBaby☐

Emergency

☐Nuclear  
Medicine☐Rehabilitation  
Therapy☐

Renal Dialysis

☐Outpatient  
Surgery☐

Central Plant

☐Support  
Services

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

02

Building Name:

Building B - Ancillary Building

### Type of Service Provided

☐

Nursing

☐

IntensiveCare

☐Pediatric/Adol  
escent☐Psychiatric  
Nursing☐Obstetrical  
Ante/Postprtum☐Intermediate  
Care☐

Skilled Nursing

☐

Surgical

☐

Anesthesia

☒

Clinical Lab

☒Radiological/  
Imaging☐

Pharmaceutical

☐

Dietetic

☐

Administration

☐Obstetrical  
Cesarean/Deliv☐Obstetrical  
Recovery☐Newborn/  
WellBaby☐

Emergency

☐Nuclear  
Medicine☐Rehabilitation  
Therapy☐

Renal Dialysis

☐Outpatient  
Surgery☐

Central Plant

☐Support  
Services

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

03

Building Name:

Building C - Emergency Department B

## Type of Service Provided

☐

Nursing

☐

IntensiveCare

☐Pediatric/Adol  
escent☐Psychiatric  
Nursing☐Obstetrical  
Ante/Postpartum☐Intermediate  
Care☐

Skilled Nursing

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐Radiological/  
Imaging☐

Pharmaceutical

☐

Dietetic

☐

Administration

☐Obstetrical  
Cesarean/Deliv☐Obstetrical  
Recovery☐Newborn/  
WellBaby☒

Emergency

☒Nuclear  
Medicine☐Rehabilitation  
Therapy☐

Renal Dialysis

☐Outpatient  
Surgery☐

Central Plant

☐Support  
Services

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

01

Building Name:

Building A - Tower

Configuration  
:

Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030

**Type of Service Provided**☒

Nursing

☐

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☐Pediatric/Adol  
escent☐

Clinical Lab

☐Newborn/  
WellBaby☐Outpatient  
Surgery☐Psychiatric  
Nursing☐Radiological/  
Imaging☐

Emergency

☐

Central Plant

☐Obstetrical  
Ante/Postprtum☐

Pharmaceutical

☐

Nuclear Medicine

☐Support  
Services☐Intermediate  
Care☐

Dietetic

☐

Nuclear Medicine

☐Support  
Services☐

Skilled Nursing

☐

Administration

☐

Nuclear Medicine

☐Support  
Services

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

02

Building Name:

Building B - Ancillary Building

Configuration  
:

Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030

**Type of Service Provided**☐

Nursing

☐

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☐Pediatric/Adol  
escent☒

Clinical Lab

☐Newborn/  
WellBaby☐Outpatient  
Surgery☐Psychiatric  
Nursing☒Radiological/  
Imaging☐

Pharmaceutical

☐

Emergency

☐

Central Plant

☐Obstetrical  
Ante/Postprtum☐

Dietetic

☐

Nuclear Medicine

☐Support  
Services☐Intermediate  
Care☐

Administration

☐

Skilled Nursing



Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

03

Building Name:

Building C - Emergency Department B

Configuration  
:

Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030

**Type of Service Provided**☐

Nursing

☐

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☐Pediatric/Adol  
escent☐

Clinical Lab

☐Newborn/  
WellBaby☐Outpatient  
Surgery☐Psychiatric  
Nursing☐Radiological/  
Imaging☐

Pharmaceutical

☒

Emergency

☐

Central Plant

☐Obstetrical  
Ante/Postpartum☐

Dietetic

☒

Nuclear Medicine

☐Support  
Services☐Intermediate  
Care☐

Administration

☐

Skilled Nursing

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

04

Building Name:

Building D - South Tower

Configuration

:

N/A

**Type of Service Provided**☒

Nursing

☒

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☒

IntensiveCare

☒

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☐Pediatric/Adol  
escent☐

Clinical Lab

☐Newborn/  
WellBaby☐Outpatient  
Surgery☒Psychiatric  
Nursing☐Radiological/  
Imaging☐

Emergency

☐

Central Plant

☐Obstetrical  
Ante/Postpartum☒

Pharmaceutical

☐

Nuclear Medicine

☒Support  
Services☐Intermediate  
Care☒

Dietetic

☐☒

Administration

☐

Skilled Nursing

Report Year:

2010

11847

Mission Community Hospital - Panorama  
Campus

Panorama City

Page:19 of 20

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number: 04

Building Name: Building D - South Tower

**Type of Service Provided**
☒ Nursing Inpatient Beds 50

☒ IntensiveCare Inpatient Beds 10

☐ Pediatric/Adol  
escent Inpatient Beds 0

☒ Psychiatric  
Nursing Inpatient Beds 60

☐ Obstetrical  
Ante/Postprtum Inpatient Beds 0

☐ Intermediate  
Care Inpatient Beds 0

☐ Skilled Nursing  
Inpatient Beds 0

 Total Beds this  
Building 120

☒ Surgical

☒ Anesthesia

☐ Clinical Lab

☐ Radiological/  
Imaging

☒ Pharmaceutical

☒ Dietetic

☒ Administration

☐ Obstetrical  
Cesarean/Deliv

☐ Obstetrical  
Recovery

☐ Newborn/  
WellBaby

☐ Emergency

☐ Nuclear  
Medicine

☐ Rehabilitation  
Therapy

☐ Renal Dialysis

☐ Outpatient  
Surgery

☒ Central Plant

☒ Support  
Services

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

04

Building Name:

Building D - South Tower

**Medical / Surgical (Include GYN)**Inpatient  
Bed

50

Inpatient  
Days

36

**Acute Respiratory Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Psychiatric**Inpatient  
Bed

60

Inpatient  
Days

50

**Perinatal (exclude Newborn / GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Burn**Inpatient  
Bed

0

Inpatient  
Days

0

**Skilled Nursing**Inpatient  
Bed

0

Inpatient  
Days

0

**Pediatric**Inpatient  
Bed

0

Inpatient  
Days

0

**intensive Care Newborn  
Nursery**Inpatient  
Bed

0

Inpatient  
Days

0

**Intermediate Card**Inpatient  
Bed

0

Inpatient  
Days

0

**Intensive Care**Inpatient  
Bed

10

Inpatient  
Days

6

**Rehabilitation  
Center**Inpatient  
Bed

0

Inpatient  
Days

0

**Int. Care / development  
Disabled**Inpatient  
Bed

0

Inpatient  
Days

0

**Coronary Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Chemical  
Dependency**Inpatient  
Bed

0

Inpatient  
Days

0

**Total Beds this  
Building Per  
Unit**

120

**Total Beds this  
Building Per  
Service**

0